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Bib Data Sheet

CONFIRMATION NO. 1044

SERIAL NUMBER 10/033,824	FILING OR 371(c) DATE 12/19/2001 RULE	CLASS 379	GROUP ART UNIT 2614	ATTORNEY DOCKET NO. 3052/001
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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CIP of 08/726,024 10/04/1996
 which claims benefit of 60/005,029 10/06/1995
 which is a CIP of 08/177,851 01/05/1994 PAT 6,278,862

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 02/01/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 47	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE
 METHOD AND APPARATUS FOR IMPROVED PAGING RECEIVER AND SYSTEM

FILING FEE RECEIVED 1285	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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